

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td> </td><td> </td><td> </td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>Hyatt Place Blue Ash</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td>28</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>20</td><td>16</td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10	28		Y	Y	Y	Y	Y	Y	20	16				
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Mailing Address 11435 Reed Hartman Hwy			Amount <table border="1" style="width:100%"> <tr><td>3000.00</td></tr> </table>			3000.00																	
3000.00																							
City Blue Ash	State OH	Zip Code 45241	Transaction ID : SE.6775																				
Purpose of Expenditure Lodging for canvasser deployment		Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td>28</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>20</td><td>16</td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10	28		Y	Y	Y	Y	Y	Y	20	16				
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Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____																				
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>228499.26</td></tr> </table>	228499.26	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																			
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Full Name of Payee <b>Hyatt Place Blue Ash</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td>28</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>20</td><td>16</td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10	28		Y	Y	Y	Y	Y	Y	20	16				
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City Blue Ash	State OH	Zip Code 45241	Transaction ID : SE.6777																				
Purpose of Expenditure lodging for canvasser deployment		Category/ Type 002	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td>28</td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td>20</td><td>16</td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10	28		Y	Y	Y	Y	Y	Y	20	16				
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10	28																						
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20	16																						
Name of Federal Candidate STRICKLAND, TED, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: OH																				
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>91663.08</td></tr> </table>	91663.08	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____																			
91663.08																							

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>6000.00</td></tr> </table>	6000.00
6000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> <tr><td> </td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td> </td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Buchanan, Emily, , ,*

[Electronically Filed]

Date

M	M	
10	28	

Y	Y	Y	Y	Y	Y
20	16				

Signature

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 PAGE 2 OF 2  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>WOMEN SPEAK OUT PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00530766	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>	

Full Name of Payee <b>Thrifty Car Rental</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 1534 Sunset Blvd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2016</div>		
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6767		
Purpose of Expenditure Van rental for Canvasser deployment		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate CLINTON, HILLARY RODHAM, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <b>Thrifty Car Rental</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Mailing Address 1534 Sunset Blvd			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">10 / 28 / 2016</div>		
City Steubenville	State OH	Zip Code 43952	Transaction ID : SE.6770		
Purpose of Expenditure Van Rental for Canvasser deployment		Category/ Type 002	Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">M M M / D D D / Y Y Y Y Y Y</div>		
Name of Federal Candidate STRICKLAND, TED, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ State: OH		
Calendar Year-To-Date Per Election for Office Sought			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">3000.00</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">9000.00</div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Buchanan, Emily, , ,

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y

Signature